

**HCBS Waiver Qualified Provider Review**

DIDD  
 TennCare

East  
 Middle  
 West

Date of Review \_\_\_\_\_  
 Surveyor \_\_\_\_\_  
 Provider Type \_\_\_\_\_

Waiver Type:  
 Self Determination  
 State-Wide  
 Arlington

Name of Provider / Services Provided: \_\_\_\_\_

Performance Measure	Performance Measure Question(s)	Result	Guidance / Source	Comment / Actions	Remediation
<b><u>Qualified Providers</u></b>					
<b>a.i.a. Sub-assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.</b>					
QP – a.i.a.4.	Did the Provider continue to meet current license / certification following initial enrollment?	O Y O N O NA	Review licensure letter or copy of certification  To utilize information gathered at annual review of provider.  Check on-site licenses; if out-of-date, ask for clarification; insure provider follows-up to get additional information.  Check all licenses; score “no” if any individual licenses are found to not be current.	Findings are to be issued to TennCare within 2 working days; Regional Office staff; provider.	1. Licensure/certification documentation was obtained and submitted to DIDD (#101) 2. Payment was recouped and/or withheld (#102) 3. The provider agreement was terminated (#3) 4. Staff ceased working for provider (#21) 5. Other (#115)

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QP – a.i.a.5.	Did the newly employed (or reassigned) direct support staff serving waiver participants have a background check prior to, but no more than 30 days in advance of, employment or a change in assignment to direct support?	O Y O N O NA	Review background checks.  100% of waiver direct support staff hired since the last survey.	Request background check be initiated during survey.  Issue findings to the DIDD Regional Office staff and provider.	1. Documentation (of a completed background check) was located and placed in the appropriate record (#49) 2. A background check was obtained with the individual found acceptable for hire (#9) 3. Staff ceased working for provider (#21) 4. Staff were placed on administrative leave or given non-direct support duties (#15) 5. Other (#115)
	<u>Enter detail of specific findings here:</u>				
QP – a.i.a.6.	Did the newly employed (or reassigned) direct support staff serving waiver participants have an Abuse Registry check completed prior to, but no more than 30 days in advance of, employment or a change in assignment to direct support?	O Y O N O NA	Review registry checks.  100% of waiver direct support staff hired since the last survey.	Request registry check be initiated during survey.  Issue findings to the DIDD Regional Office staff and provider.	1. Documentation (of a completed abuse registry check) was obtained and placed in employee record (#49) 2. An abuse registry check was obtained with the individual found acceptable for hire (#11) 3. Staff ceased working for provider (#21) 5. Staff were placed on administrative leave or given non-direct support duties (#15) 6. Other (#115)
	<u>Enter detail of specific findings here:</u>				

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Performance Measure	Performance Measure Question(s)	Result	Guidance / Source	Comment / Actions	Remediation
QP – a.i.a.7.	<p>Did the newly employed (or reassigned) direct support staff serving waiver participants have a Sexual Offender Registry check completed prior to, but no more than 30 days in advance of, employment or a change in assignment to direct support?</p> <p><u>Enter detail of specific findings here:</u></p>	<p>O Y O N O NA</p>	<p>Review registry checks.  100% of waiver direct support staff hired since the last survey.</p>	<p>Request registry check be initiated during survey.  Issue findings to the DIDD Regional Office staff and provider.</p>	<p>1. Documentation (of a completed sexual offender registry check) was obtained and placed in the appropriate record (#49) 2. A sexual offender registry check was obtained with the individual found acceptable for hire (#12) 3. Staff ceased working for provider (#21) 5. Staff were placed on administrative leave or given non-direct support duties (#15) 6. Other (#115)</p>
QP – a.i.a.8.	<p>Did the newly employed (or reassigned) direct support staff serving waiver participants have a Tennessee Felony check completed prior to, but no more than 30 days in advance of, employment or a change in assignment to direct support?</p>	<p>O Y O N O NA</p>	<p>Review TN felony checks.  100% of waiver direct support staff hired since the last survey.</p>	<p>Request felony check be initiated during survey.  Issue findings to the DIDD Regional Office staff and provider.</p>	<p>1. Documentation (of a completed felony check) was obtained and placed in the appropriate record (#49) 2. A felony check was obtained with the individual found acceptable for hire (#13) 3. Staff ceased working for provider (#21) 5. Staff were placed on administrative leave or given non-direct support duties (#10) 6. Other (#115)</p>

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	<u>Enter detail of specific findings here:</u>				
QP – a.i.a.16	Did the newly employed (or reassigned) direct support staff serving waiver participants have an OIG List of Excluded Individuals & Entities check completed prior to, but no more than 30 days in advance of, employment or a change in assignment to direct support?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Review OIG List of Excluded Individuals & Entities checks.  100% of waiver direct support staff hired since the last survey.	Request OIG Excluded Individuals & Entities check be initiated during survey.  Issue findings to the DIDD Regional Office staff and provider	1. Documentation (of a completed OIG Excluded Individuals & Entities check) was obtained and placed in the appropriate record (#49) 2. An OIG Excluded Individuals & Entities check was obtained with the individual found acceptable for hire (#13) 3. Staff ceased working for provider (#21) 5. Staff were placed on administrative leave or given non-direct support duties (#10) 6. Other (#115)
	<u>Enter detail of specific findings here:</u>				

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QP – a.i.a.10.	Did the newly employed (or reassigned) direct support staff delivering services to waiver participants meet the waiver general provider qualification of being able to read, write, and communicate in English?	O Y O N O NA	100% of waiver direct support staff hired since the last survey.  Read, write and communicates in English = filled-out job application with signature or met agency specific criteria.	Notify provider; request appropriate personnel action.  Regional Office staff are to verify appropriate actions taken.	1. Employee was prohibited from independently providing direct support until sufficient proficiency in reading, writing, and communicating in English was achieved (#16)  2. Staff ceased working for provider (#21)  3. Other (#115)
<u>Enter detail of specific findings here:</u>					
QP – a.i.a.11.	Did the newly employed (or reassigned) direct support staff who transport waiver participants who had a current driver's license?	O Y O N O NA	100% of waiver direct support staff hired since the last survey.  Applicable if required to drive / provide transportation.	Notify provider; request appropriate personnel action.  Regional Office staff are to verify appropriate actions taken.	1. Documentation (a valid driver's license) was located and placed in appropriate record (#49)  2. Employee was prohibited from transporting waiver participants until a valid driver's license was obtained; other staff were identified to provide needed transportation (#19)  3. Staff ceased working for provider (#21)  4. Other (#115)
<u>Enter detail of specific findings here:</u>					

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<b>a.i.b. Sub-assurance: The State monitors non-licensed / non-certified providers to assure adherence to waiver requirements.</b>					
QP – a.i.b.1.	Did the non-licensed/non-certified provider meet waiver qualifications?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Review personnel records of behavioral providers who serve waiver participants.	Notify TennCare within 2 working days of any lapse in meeting qualifications; copy Dr. Davis; Regional Office and provider.	1. The provider (e.g., the independent clinical provider) was prohibited from providing direct services until provider qualifications were met (#103) 2. Payment was recouped or withheld (#102) 3. The provider agreement was terminated (#3) 4. Staff ceased working for provider (#21) 5. Other (#115)
<b>a.i.c. Sub-assurance: The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.</b>					
QP – a.i.c.1.	Did the newly employed (or reassigned) direct support staff delivering services to waiver participants complete required training prior to direct service delivery?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	100% of waiver direct support staff hired since the last survey.  Conduct training audit.	Issue findings to provider, training to be completed within 30 days.  Copy Regional Office.	1. Documentation (of completed training) was located and placed in the appropriate record (#49) 2. Employee was prohibited from independently providing direct supports until required training was completed (#20) 3. Staff ceased working for provider (#21) 4. Staff were placed on administrative leave or given non-direct support duties (#10) 5. Other (#115)

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